

Amendment/Reply Transmittal Letter
 Application Serial No. 10/083,822
 Attorney's Docket No. 01-1004 RCE 1
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- ☐ No additional claim fee is required.
☒ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	31	17	14	x \$18.00 =	\$252.00
Ind. Claims	6	4	2	x \$ 86.00 =	\$172.00
If Amendment adds multiple dependent claims, add \$280.00					\$424.00
Total Amendment Fee					
If Small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$424.00

- ☐ A claim fee in the amount of \$_____ - is enclosed.
☐ Charge \$424.00 to Deposit Account no. 07-2347.

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 07-2347 and please credit any excess fees to such deposit account.

10/05/2004 ROBERTS 00000003 072347 100336E2

01 FC:1202 252.00 EA
 02 FC:1E01 172.00 DA